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## BIB DATA SHEET

CONFIRMATION NO. 7974

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/697,444    | 10/29/2003<br>RULE       | 604   | 3763           | SDEV-1-1003            |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/613,387 07/05/2003 ABN  
 which is a DIV of 09/697,463 10/26/2000 PAT 6,613,039

(\*Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
 01/30/2004

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---------------------------------------------------------------------|----------------------------------------------|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initials                                     | CA               | 21              | 8            | 2                  |

**ADDRESS**

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**TITLE**

Safe trochar with guide for placement of surgical drains

|                            |                                                                                                                 |                                                              |
|----------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILING FEE RECEIVED<br>903 | FEES: Authority has been given in Paper<br>No._____ to charge/credit DEPOSIT ACCOUNT<br>No._____ for following: | <input type="checkbox"/> All Fees                            |
|                            |                                                                                                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                            |                                                                                                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                            |                                                                                                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                            |                                                                                                                 | <input type="checkbox"/> Other _____                         |
|                            |                                                                                                                 | <input type="checkbox"/> Credit                              |